

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	E.M.		
O.I.P.E. CLASSIFIER	PR	34	05/24/99
FORMALITY REVIEW	MM	572	5/31
RESPONSE FORMALITY REVIEW			07-10-01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 — (Through numeral) ... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	✓	1-6/19/02
2	✓	✓	1-6/19/03
3	✓	✓	1-6/19/03
4	✓	✓	1-6/19/03
5	✓	✓	1-6/19/03
6	✓	✓	1-6/19/03
7	✓	✓	1-6/19/03
8	✓	✓	1-6/19/03
9	✓	✓	1-6/19/03
10	✓	✓	1-6/19/03
11	✓	✓	1-6/19/03
12	✓	✓	1-6/19/03
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28	✓	✓	1-6/19/03
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42	✓	✓	1-6/19/03
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46	✓	✓	1-6/19/03
47	✓	✓	1-6/19/03
48	✓	✓	1-6/19/03
49	✓	✓	1-6/19/03
50	✓	✓	1-6/19/03

Claim	Final	Original	Date
1	✓	✓	1-6/19/02
2	✓	✓	1-6/19/03
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42	✓	✓	1-6/19/03
43	✓	✓	1-6/19/03
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47	✓	✓	1-6/19/03
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49	✓	✓	1-6/19/03
50	✓	✓	1-6/19/03

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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